

Registrar of Vital Statistics

Certified Copy



THE FACE OF THIS DOCUMENT HAS A COLORED BACKGROUND - NOT A WHITE BACKGROUND

3806579

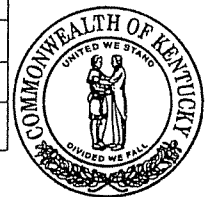
KENTUCKY CERTIFICATE OF DEATH

116 201341077

Case #: E201312300046

1a. DECEDENT'S LEGAL NAME (First, Middle, Last) (Include AKA's if any) MINNIE STONEROCK		1b. IF FEMALE DECEDENT'S LAST NAME PRIOR TO FIRST MARRIAGE WILLIAMSON		2. SEX FEMALE	
3. ACTUAL OR PRESUMED DATE OF DEATH (Mo/Day/Yr) (Specify Month) December 17, 2013		4. SOCIAL SECURITY NUMBER ██████████		5a. AGE-DATE OF BIRTH (Year) Months Days 68	
6. DATE OF BIRTH (Mo/Day/Yr) ██████████		7. COUNTY OF DEATH MARTIN		8. PLACE OF DEATH (Check only one) <input type="checkbox"/> Hospital <input type="checkbox"/> Outpatient <input type="checkbox"/> Dead on Arrival <input type="checkbox"/> Hospice Facility <input type="checkbox"/> Nursing Home/Long Term Care Facility <input type="checkbox"/> Residence <input type="checkbox"/> Other (Specify)	
9. FACILITY NAME (If not institution, give street and number) 300 ROCKCASTLE RD. APT 18		10. CITY OR TOWN, STATE AND ZIP CODE INEZ, KY 41224		11. BIRTHPLACE (City and State or Foreign Country) MARTIN COUNTY, KENTUCKY	
12. MARITAL STATUS: <input checked="" type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Married but Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Unknown		13. SURVIVING SPOUSE (If wife, give name prior to first marriage) VAUGHN STONEROCK		14. DECEDENT'S USUAL OCCUPATION (Kind of work done during most of working life) (Do not use retiring) HOMEMAKER	
15. KIND OF BUSINESS/INDUSTRY HOMEMAKER		16. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		17a. RESIDENCE - State KENTUCKY	
17b. COUNTY MARTIN		17c. CITY OR TOWN INEZ		17d. STREET AND NUMBER 300 ROCKCASTLE RD. APT 18	
17e. ZIP CODE 41224		17f. INSIDE CITY LIMITS? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		18. DECEDENT'S EDUCATION (Check the box that best describes the highest degree or level of school completed at the time of death) <input type="checkbox"/> 8th Grade or Less <input type="checkbox"/> 9th-12th Grade; No Diploma <input checked="" type="checkbox"/> High School Graduate or GED Completed <input type="checkbox"/> Some College Credit but No Degree <input type="checkbox"/> Associate's Degree (e.g., AA, AS) <input type="checkbox"/> Bachelor's Degree (e.g., BA, BS, MA, MS, MEd, MEd, MSW, MBA) <input type="checkbox"/> Master's Degree (e.g., PhD, EdD) or Professional Degree (e.g., MD, DDS, DVM, LLB, JD)	
19. DECEDENT OF HISPANIC ORIGIN? (Check the box that best describes whether the decedent is Spanish/Hispanic/Latino. Check the "No" box if the decedent is not Spanish/Hispanic/Latino) <input checked="" type="checkbox"/> No, not Spanish/Hispanic/Latino <input type="checkbox"/> Yes, Mexican, Mexican American, Chicano <input type="checkbox"/> Yes, Puerto Rican <input type="checkbox"/> Yes, Cuban <input type="checkbox"/> Yes, other Spanish/Hispanic/Latino (Specify)		20. DECEDENT'S RACE (Check one or more races to indicate what the decedent considered himself or herself to be) <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Asian Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Japanese <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Samoan <input type="checkbox"/> Other Asian (Specify) <input type="checkbox"/> Other Pacific Islander (Specify) <input type="checkbox"/> American Indian or Alaska Native (Name of the enrolled or principal tribe) <input type="checkbox"/> Other (Specify)		21. FATHER'S NAME (First, Middle, Last) WALLACE WILLIAMSON	
22. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First Middle Last) SHIRLEY FRALEY		23a. RELATIONSHIP TO DECEDENT SPOUSE		23b. MAILING ADDRESS (Street and Number, City, State, Zip Code) 300 ROCKCASTLE RD., INEZ, KY 41224	
24. METHOD OF DISPOSITION (Check only one): <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal from State <input type="checkbox"/> Other (Specify)		25. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) EVANS FUNERAL HOME AND		26. LOCATION - City, Town and State CHAPMANVILLE, WV	
27. SIGNATURE OF FUNERAL SERVICE LICENSEE (Or person acting as such) (Must Use Blue/Black Ink) Electronic signature is legally acceptable pursuant to KRS 366.107 and KRS 366.110. JOSEPH MULLINS 12/30/2013		28. KY LICENSE NUMBER (of licensee) 5879		29. NAME AND COMPLETE ADDRESS OF FUNERAL FACILITY RICHMOND-CALLAHAN FUNERAL HOME, INC. RT. 40 MAIN STREET INEZ, KY 41224	
30. DATE PRONOUNCED DEAD (Mo/Day/Yr) 12/17/2013		31. ACTUAL OR PRESUMED TIME OF DEATH 08:30 PM		32. WAS MEDICAL EXAMINER OR CORONER CONTACTED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
33. PART I: Enter the <u>immediate cause</u> - diseases, injuries, or complications - that caused death. DO NOT ABBREVIATE. Enter only one cause unless otherwise indicated. CONGESTIVE HEART FAILURE 1 WEEK(S)		33. PART II: Enter the <u>underlying cause</u> - (disease or injury that initiated the events resulting in death) LAST CANCER 6 MONTH(S)		34. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Homicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be Determined	
35. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		37. DID TOBACCO USE CONTRIBUTE TO DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		38. IF FEMALE: <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Unknown if pregnant within past year	
36. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		39. DATE OF INJURY (Mo/Day/Yr) (Specify Month)		40. TIME OF INJURY	
41. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		42. PLACE OF INJURY (High Decedent's home, construction site, restaurant, wooded area)		43. IF TRANSPORTATION INJURY, SPECIFY: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Pedestrian <input type="checkbox"/> Passenger <input type="checkbox"/> Other (Specify)	
44. DESCRIBE HOW INJURY OCCURRED.		45. LOCATION OF INJURY (Street and Number, City or Town, State, Zip Code)			
46. TO BE COMPLETED BY CERTIFIER: To the best of my knowledge, death occurred at the time, date, and place, and due to cause(s) and manner stated SIGNATURE JOSEPH MULLINS (Must Use Blue/Black Ink) Electronic signature is legally acceptable pursuant to KRS 366.107 and KRS 366.110		47. DATE CERTIFIED (Mo/Day/Yr) 01/10/2014		48. LICENSE NUMBER 1129	
50. NAME, ADDRESS, AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH (ITEM 33) JOSEPH MULLINS MARTIN COUNTY CORONER, RT 40 MAIN ST., P.O. BOX 630, INEZ, KY 41224		49. TITLE OF CERTIFIER CORONER		51. REGISTRAR'S SIGNATURE Paul F. Royce	
52. DATE FILED (Mo/Day/Yr) 01/10/2014					

FORM VS NO. 1-A
(REVISED 12/2013)



THIS PAPER CONTAINS A GENUINE WATERMARK WHICH CAN BE VIEWED BY TRANSMITTED LIGHT

I, Paul F. Royce, Registrar of Vital Statistics, hereby certify this to be a true and correct copy of the certificate of birth, death, marriage or divorce of the person therein named, and that the original certificate is registered under the file number shown. In testimony thereof I have hereunto subscribed my name and caused the official seal of the Office of Vital Statistics to be affixed at Frankfort, Kentucky this 13 day of January, 20 14.

Paul F. Royce

State Registrar

KENTUCKY CERTIFICATE OF DEATH

116 201341077

Case #: E201312300046

1a. DECEDENT'S LEGAL NAME (First, Middle, Last) (Include AKA's if any) MINNIE STONEROCK						1b. IF FEMALE, DECEDENT'S LAST NAME PRIOR TO FIRST MARRIAGE WILLIAMSON		2. SEX FEMALE					
3. ACTUAL OR PRESUMED DATE OF DEATH (Mo/Day/Yr) (Spell Month) December 17, 2013		4. SOCIAL SECURITY NUMBER 400-00-0774		5a. AGE- LAST BIRTHDAY (Years) 68		5b. UNDER 1 YEAR Months Days Hours Minutes		5c. UNDER 1 DAY Hours Minutes		6. DATE OF BIRTH (Mo/Day/Yr) 12/17/1945		7. COUNTY OF DEATH MARTIN	
8. PLACE OF DEATH (Check only one) HOSPITAL: <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> Dead on Arrival OTHER: <input type="checkbox"/> Hospice Facility <input type="checkbox"/> Nursing Home/Long Term Care Facility <input checked="" type="checkbox"/> Residence <input type="checkbox"/> Other (Specify)													
9. FACILITY NAME (If not institution, give street and number) 300 ROCKCASTLE RD. APT 18						10. CITY OR TOWN, STATE AND ZIP CODE INEZ, KY 41224							
11. BIRTHPLACE (City and State or Foreign Country) MARTIN COUNTY, KENTUCKY				12. MARITAL STATUS <input checked="" type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Married but Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Unknown				13. SURVIVING SPOUSE (If wife, give name prior to first marriage) VAUGHN STONEROCK					
14. DECEDENT'S USUAL OCCUPATION (Kind of work done during most of working life.) (Do not use retired) HOMEMAKER				15. KIND OF BUSINESS/INDUSTRY HOMEMAKER				16. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
17a. RESIDENCE - State KENTUCKY		17b. COUNTY MARTIN		17c. CITY OR TOWN INEZ		17d. STREET AND NUMBER 300 ROCKCASTLE RD. APT 18		17e. ZIP CODE 41224		17f. INSIDE CITY LIMITS? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
18. DECEDENT'S EDUCATION (Check the box that best describes the highest degree or level of school completed at the time of death.) <input type="checkbox"/> 8th Grade or Less <input type="checkbox"/> 9th -12th Grade; No Diploma <input checked="" type="checkbox"/> High School Graduate or GED Completed <input type="checkbox"/> Some College Credit but No Degree <input type="checkbox"/> Associates Degree (e.g., AA, AS) <input type="checkbox"/> Bachelor's Degree (e.g., BA, AB, BS) <input type="checkbox"/> Master's Degree (e.g., MA, MS, MEd, MSW, MBA) <input type="checkbox"/> Doctorate (e.g., PhD, EdD) or Professional Degree (e.g., MD, DDS, DVM, LLB, JD)				19. DECEDENT OF HISPANIC ORIGIN? (Check the box that best describes whether the decedent is Spanish/Hispanic/Latino. Check the "No" box if the decedent is not Spanish/Hispanic/Latino.) <input checked="" type="checkbox"/> No, not Spanish/Hispanic/Latino <input type="checkbox"/> Yes, Mexican, Mexican American, Chicano <input type="checkbox"/> Yes, Puerto Rican <input type="checkbox"/> Yes, Cuban <input type="checkbox"/> Yes, other Spanish/Hispanic/Latino (Specify)				20. DECEDENT'S RACE (Check one or more races to indicate what the decedent considered himself or herself to be) <input checked="" type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Asian Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Samoan <input type="checkbox"/> Other Asian (Specify) <input type="checkbox"/> Other Pacific Islander (Specify) <input type="checkbox"/> American Indian or Alaska Native (Name of the enrolled or principal tribe) <input type="checkbox"/> Other (Specify)					
21. FATHER'S NAME (First, Middle, Last) WALLACE WILLIAMSON						22. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last) SHIRLEY FRALEY							
23a. INFORMANT'S NAME VAUGHN STONEROCK				23b. RELATIONSHIP TO DECEDENT SPOUSE		23c. MAILING ADDRESS (Street and Number, City, State, Zip Code) 300 ROCKCASTLE RD., INEZ, KY 41224							
24. METHOD OF DISPOSITION (Check only one): <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal from State <input type="checkbox"/> Other (Specify)				25. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) EVANS FUNERAL HOME AND				26. LOCATION - City, Town, and State CHAPMANVILLE, WV					
27. SIGNATURE OF FUNERAL SERVICE LICENSEE (Or person acting as such) JOSEPH MULLINS (Must Use Blue/Black Ink) Electronic signature is legally acceptable pursuant to KRS 369.107 & KRS 369.118				DATE SIGNED (Mo/Day/Yr) 12/30/2013		28. KY LICENSE NUMBER (of license) 5879		29. NAME AND COMPLETE ADDRESS OF FUNERAL FACILITY RICHMOND-CALLAHAN FUNERAL HOME, INC. RT. 40 MAIN STREET INEZ, KY 41224					
30. DATE PRONOUNCED DEAD (Mo/Day/Yr) 12/17/2013				31. ACTUAL OR PRESUMED TIME OF DEATH 08:30 PM		32. WAS MEDICAL EXAMINER OR CORONER CONTACTED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No							
33. PART I. Enter the chain of events - diseases, injuries, or complications - that caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Enter only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) -> a. CONGESTIVE HEART FAILURE DUE TO (OR AS A CONSEQUENCE OF): b. CANCER DUE TO (OR AS A CONSEQUENCE OF): c. LAST DUE TO (OR AS A CONSEQUENCE OF): d. PART II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in Part I												Approximate Interval Between Onset and Death. 1 WEEK(S) 6 MONTH(S)	
34. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Homicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be Determined													
35. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				37. DID TOBACCO USE CONTRIBUTE TO DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		38. IF FEMALE: <input checked="" type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Unknown if pregnant within past year							
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